



APPLICATION

Student Last Name		Student First Name		Date of Birth	Age
Brevard Public Schools issued Student I.D. #			Gender	Current Grade Level	
Current School		High School that Student is Zoned For			
Street Address (the one you actually live at)					
City		State	ZIP		
Student Home Phone		Student Email Address			
Parent/Guardian Last Name			Parent/Guardian First Name		
Parent/Guardian Street Address					
City		State	ZIP		
Parent/Guardian Primary Phone			Parent/Guardian Secondary Phone		
Parent/Guardian Email Address					
Do you have a sibling currently in ACAD?		YES	NO	If YES, what is their name?	
How many days have you been absent this year?					
If total absences is over 5, please explain.					
List all clubs, sports, and extracurricular activities and the years involved. (If none, say N/A)					
Have you been referred to the dean this year?					
If 'Yes', how many times and why?					
Please list any work or volunteer experience. (If none, say N/A)					
Please tell us about any hobbies, special skills, or talents you may think we would be interested in hearing about. (If none, say N/A)					

Please indicate your level of experience with the following software applications by circling the appropriate number.
(0 = never heard of it; 1 = heard the name but never used it; 2 = used it some; 3 = I could teach a class on it).

Adobe Photoshop	0	1	2	3
Adobe Illustrator	0	1	2	3
Adobe InDesign	0	1	2	3
Adobe Premiere Pro	0	1	2	3
Adobe After Effects	0	1	2	3
Adobe Flash	0	1	2	3
Adobe Muse	0	1	2	3
Apple iMovie	0	1	2	3
Apple GarageBand	0	1	2	3
Google Docs	0	1	2	3

How did you first hear about the Academy?

Why are you interested in joining the Academy for Communication, Art + Design? (150 words maximum)

Student Signature

Parent/Guardian Signature

Date

Date

Thank you for your interest in becoming a part of the Academy for Communication, Art + Design at Viera High School. By signing and submitting this form you are confirming that all information contained within is true and accurate.